

## Licensing Inspection: Residential Services

**Name of Location:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Current Licensed Capacity:**

**City/ State/ ZIP:** \_\_\_\_\_

\_\_\_\_ Adults

**Phone:** \_\_\_\_\_ **Contact Name:** \_\_\_\_\_

\_\_\_\_ Children (<21)

**Current # present:** \_\_\_\_

This Residential Licensing Report is based on findings on the date of review. Within 15 days (\_\_\_\_/\_\_\_\_/\_\_\_\_), the service provider must submit a Plan of Correction for any deficiencies cited in this report. The Plan of Correction must include:

- 1) the actions taken to correct each cited deficiency,
- 2) the actions taken to prevent similar recurrences,
- 3) the person or persons responsible for completing the action, and
- 4) the actual or expected completion dates of those actions (must not exceed 60 days).

	Indicators-Safety	Guidance	Compliance	Remarks:	Deficiency Type:
1.0	<p>All sites must receive a fire safety inspection by the State Fire Marshal's Office:</p> <p>Prior to being inspected by DHEC, annually, and following major structural changes to the home.</p> <p>Any deficiencies received during the fire inspection must be reviewed by SCDDSN prior to the home being licensed.</p>	<p>See fire code requirements at <a href="http://www.scfiremarshal.llronline.com/">http://www.scfiremarshal.llronline.com/</a>. State Fire Marshal Inspection report is maintained by the provider.</p>	<input type="checkbox"/> Met <input type="checkbox"/> Not Met	<input type="checkbox"/> No Annual Fire Marshal Inspection.  <input type="checkbox"/> Citations on previous Fire Marshal Inspection were not corrected.  <input type="checkbox"/> Other:	<input type="checkbox"/> Class I <input type="checkbox"/> Class II <input type="checkbox"/> Class III
1.1	<p>All sites must be inspected by DHEC:</p> <p>Prior to the initial admission of a person</p> <p>Annually, as required per directive</p> <p>After structural changes are made to the home.</p>	<p>The license is not transferable from the address, person or family specified on the license.</p>	<input type="checkbox"/> Met <input type="checkbox"/> Not Met	<input type="checkbox"/> Evidence of occupancy prior to DHEC Inspection (does not apply to TFC transfers in CTH I).  <input type="checkbox"/> Structural changes made to home without DHEC licensure inspection.  <input type="checkbox"/> Other:	<input type="checkbox"/> Class I <input type="checkbox"/> Class II <input type="checkbox"/> Class III
1.2	<p>All sites must pass an electrical inspection conducted by a licensed electrician:</p> <p>Prior to the home being inspected-by DHEC and</p> <p>After major structural changes are made</p>	<p>"Pass" requires that the home's electrical system is in good working order and does not jeopardize the health and safety of people living there.</p> <p>Documents must be available to verify the date and results of the inspection, as well as the inspector's license number.</p>	<input type="checkbox"/> Met <input type="checkbox"/> Not Met	<input type="checkbox"/> Electrical inspection not completed, as required.  <input type="checkbox"/> New Evidence of Electrical problems at time of review  <input type="checkbox"/> Other:	<input type="checkbox"/> Class I <input type="checkbox"/> Class II <input type="checkbox"/> Class III

1.3	<p>All sites must pass a heating, ventilation and air-conditioning inspection conducted by a licensed inspector:</p> <p>Prior to the home being inspected by DHEC to operate; and</p> <p>After major structural changes are made to the home.</p>	<p>“Pass” requires that the HVAC is in good working order and: heating equipment must be capable of maintaining a room temperature of not less than 68 degrees Fahrenheit throughout the home. Cooling equipment must be capable of maintaining a room temperature of not more than 75 degrees Fahrenheit through the home.</p> <p>Documents must be made available to verify the date and results of the inspection.</p>	<input type="checkbox"/> Met <input type="checkbox"/> Not Met	<input type="checkbox"/> HVAC inspection not completed, as required.  <input type="checkbox"/> New Evidence of HVAC problems at time of review.  <input type="checkbox"/> Other:	<input type="checkbox"/> Class I <input type="checkbox"/> Class II <input type="checkbox"/> Class III
1.4	<p>When not on a public water line, all sites must pass a water quality inspection conducted by DHEC prior to the home being inspected by DHEC to operate; as indicated:</p> <p>A bacteria, and metal/mineral analysis must be performed prior to being licensed;</p> <p>As needed when changes in taste, color or odor are present; and</p> <p>A bacteria analysis must be performed annually.</p>	<p>Providers must request an inspection from their county DHEC Office. The DHEC inspection report is maintained by the Provider.</p>	<input type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> N/A	<input type="checkbox"/> Water Quality inspection not completed, as required.  <input type="checkbox"/> New Evidence of Water Quality problems at time of review  <input type="checkbox"/> Other:	<input type="checkbox"/> Class I <input type="checkbox"/> Class II <input type="checkbox"/> Class III
1.5	<p>Sites serving children must pass a health &amp; sanitation inspection conducted by DHEC.</p> <p>Prior to the home being licensed</p> <p>CTH-I – as needed thereafter CTH-II - annually</p>	<p>Pass = no citation that will jeopardize the health and safety of residents and care providers.</p> <p>Documents must be available to verify the date and results of the inspection.</p>	<input type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> N/A	<input type="checkbox"/> Inspection not completed as required.  <input type="checkbox"/> New Evidence of problems at time of review  <input type="checkbox"/> Other:	<p>Class I Class II Class III</p>
1.6	<p>Prior to being licensed, all homes built before 1978, must pass a lead-paint risk assessment conducted by DHEC when serving children less than six (6) years of age.</p>	<p>Pass=no citation that will jeopardize the health and safety of consumers and care providers.</p> <p>Documents must be available to verify the date in which the home was built as well as results of the assessment.</p>	<input type="checkbox"/> Met <input type="checkbox"/> Not Met	<p>Remarks:</p>	<input type="checkbox"/> Class I <input type="checkbox"/> Class II <input type="checkbox"/> Class III

	Home Environment	Guidance	Compliance	Remarks:	Deficiency Type:
2.0	<p>All sites must have a standard first-aid kit that is:</p> <p>Readily accessible.</p> <p>Well stocked for the number of people living in the home.</p>	<p>Contents recommended by the American Red Cross for a standard kit: 3/4" x 3" standard adhesive bandages; mini bandages; 2" x 2" sterilized gauze pads; 1" x 5 yards self-adherent wrap; triple antibiotic ointment; providone-iodine antiseptic/germicide swabs; alcohol prep pads;</p> <p>Readily accessible means accessible to all staff of the home and all residents. If any of the recommended contents are contraindicated for one or more residents, the facility must provide alternate storage for the items for use by other residents. The use of these items may be included in the resident's routine standing orders.</p>	<input type="checkbox"/> Met <input type="checkbox"/> Not Met	<input type="checkbox"/> First Aid Kit missing basic items.  <input type="checkbox"/> First Aid kit has expired items.  <input type="checkbox"/> First Aid kit kept in a location that is not easily accessible.  <input type="checkbox"/> Other:	<input type="checkbox"/> Class I <input type="checkbox"/> Class II <input type="checkbox"/> Class III
2.1	<p>CTH Homes must have a flashlight on site for each level of the home.</p>	<p>Flashlight must be readily accessible and operable.</p> <p>Level = floor</p>	<input type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> N/A	<input type="checkbox"/> Flashlights not available.  <input type="checkbox"/> Flashlights not working properly.  <input type="checkbox"/> Other:	<input type="checkbox"/> Class I <input type="checkbox"/> Class II <input type="checkbox"/> Class III
2.2	<p>CTH Bedrooms must have:</p> <p>At least 100 square feet for a single occupancy, or 160 square feet for a double occupancy;</p> <p>A comfortable bed, pillow, and linen appropriate to the climate;</p> <p>Operable lighting;</p> <p>Operable window; and</p> <p>Sufficient lockable and non-lockable storage space.</p>	<p>The person's bedroom must not be a detached building, unfinished attic or basement, hall, or room commonly used for other than bedroom purposes.</p> <p>Maximum of two (2) people per bedroom, with at least three (3) feet between beds.</p>	<input type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> N/A	<input type="checkbox"/> Bedrooms do not meet minimum size or lacks adequate storage space.  <input type="checkbox"/> Bedroom does not have adequate/operable lighting.  <input type="checkbox"/> Bedroom does not have operable window.  <input type="checkbox"/> Other:	<input type="checkbox"/> Class I <input type="checkbox"/> Class II <input type="checkbox"/> Class III
2.3	<p>CTH-I Homes must have one (1) lavatory, toilet and shower/bathtub for every six (6) household members.</p>		<input type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> N/A	Remarks:	<input type="checkbox"/> Class I <input type="checkbox"/> Class II <input type="checkbox"/> Class III
2.4	<p>Support Provider to resident ratio in the CTH-I must be no more than 2 beds to each provider</p>	<p>Bed capacity in the CTH-I may be increased to a maximum of three (3) beds if: the support provider has satisfactorily provided services and supports for two (2) consumers for at least six (6) months. An exception to standard must be approved prior to the increase in bed capacity.</p>	<input type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> N/A	Remarks:	<input type="checkbox"/> Class I <input type="checkbox"/> Class II <input type="checkbox"/> Class III

2.5	<p>Hot water temperature in CTH sites:</p> <p>Must be no less than 100 degrees Fahrenheit.</p> <p>Must never be more than 120 degrees Fahrenheit.</p>	<p>Water regulating skills of all persons living in the home who receive services must be assessed and appropriate training implemented. Documentation of assessments for self-regulation must be made available to the inspector at the time of the licensing inspection.</p> <p>Providers should routinely check the water temperature and keep documentation of checks and necessary actions on site.</p>	<input type="checkbox"/> Met <input type="checkbox"/> Not Met	<input type="checkbox"/> Water temp. exceeds allowable limits.  <input type="checkbox"/> Water temp. is below allowable limits.	<input type="checkbox"/> Class I <input type="checkbox"/> Class II <input type="checkbox"/> Class III
2.6	<p>CTH cites must be:</p> <p>Free from obvious hazards</p> <p>Clean</p> <p>Free of litter/rubbish</p> <p>Free of offensive odors</p> <p>Equipment in good working order</p>	<p>Litter/rubbish contained in covered cans or tied in garbage bags.</p> <p>No evidence of pests/vermin.</p> <p>Offensive odors – smell of urine, rotting food.</p> <p>Household cleaning agents are kept in secure locations and away from food and medications.</p> <p>Based on the discretion of the provider or landlord, pets may be allowed if: vaccinations are current; proper care is provided; no signs of potential risks are assessed.</p>	<input type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> N/A	<input type="checkbox"/> Strong odors present in home.  <input type="checkbox"/> Household cleaning agents are not stored properly based on consumer assessments.  <input type="checkbox"/> Other hazards present.  <input type="checkbox"/> Maintenance needed in home.	<input type="checkbox"/> Class I <input type="checkbox"/> Class II <input type="checkbox"/> Class III
2.7	<p>Supervised Living settings must afford residents basic comfort.</p>	<p>Setting must have:</p> <p>Working sink with hot (between 100 – 130 degrees F) and cold running water.</p> <p>Operable heat.</p> <p>Operable electricity.</p> <p>Working tub/shower with hot (between 100 – 130 degrees F) and cold running water.</p> <p>At least one bed with mattress and bedding for every resident (unless a married couple choose to share a bed).</p> <p>A working toilet.</p>	<input type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> N/A	<p>Remarks:</p>	<input type="checkbox"/> Class I <input type="checkbox"/> Class II <input type="checkbox"/> Class III

2.8	Supervised living settings must afford residents basic safety.	Setting must have:  Carbon Monoxide detector if fuel burning appliances are used.  Lockable exterior doors and windows.  Be free from obvious hazards.  Be sanitary.	<input type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> N/A	Remarks:	<input type="checkbox"/> Class I <input type="checkbox"/> Class II <input type="checkbox"/> Class III
2.9	Supervised living settings must have sufficient space for privacy.	When occupied by more than one resident the setting must afford each resident sufficient space and opportunity for privacy including bathing/toileting facilities behind a lockable door, lockable doors on bedroom/sleeping quarters and lockable storage.	<input type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> N/A	Remarks:	<input type="checkbox"/> Class I <input type="checkbox"/> Class II <input type="checkbox"/> Class III
2.10	Minimum Support Provider to resident ratio in an SLP-II is 1:20		<input type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> N/A	Remarks:	<input type="checkbox"/> Class I <input type="checkbox"/> Class II <input type="checkbox"/> Class III
2.11	Sufficient staff must be available 24 hours daily to respond to the needs of the residents and implement their programs.	Available means that staff must be on site or be able to reach the site within 15 minutes.	<input type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> N/A	Remarks:	<input type="checkbox"/> Class I <input type="checkbox"/> Class II <input type="checkbox"/> Class III
	<b>Health Services</b>	<b>Guidance</b>	<b>Compliance</b>	<b>Remarks:</b>	<b>Deficiency Type:</b>
3.0	Medications in CTH homes must be kept under proper conditions.	In a secure and sanitary area with proper temperature, light, humidity and security.	<input type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> N/A	<input type="checkbox"/> Meds not secured <input type="checkbox"/> Other:	<input type="checkbox"/> Class I <input type="checkbox"/> Class II Class III
3.1	Medications in an SLP-II must be stored in the resident's apartment unless contraindicated.		<input type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> N/A	Remarks:	<input type="checkbox"/> Class I <input type="checkbox"/> Class II <input type="checkbox"/> Class III
3.2	Orders for new medications and/or treatments must be administered by:  a) Licensed nurse b) Unlicensed staff as allowed by law, or c) The person for whom the medication is prescribed when he/she is assessed as independent.	Unlicensed staff as allowed by law: As a result of a provision contained in the 2002-2003 Budget Bill, H. 4878-Part 1B, 11.10, the General Assembly of the State of South Carolina granted to the Department of Disabilities and Special Needs (SCDDSN) the statutory authority for selected unlicensed persons to administer medications to DDSN consumers in community settings. With regard to injectable medications, this authority only applies to "regularly scheduled insulin and prescribed anaphylactic treatments under established medical protocol and does not include sliding scale insulin or other injectable medications."	<input type="checkbox"/> Met <input type="checkbox"/> Not Met	Remarks:	<input type="checkbox"/> Class I <input type="checkbox"/> Class II <input type="checkbox"/> Class III

3.3	At all sites orders for new medications and/or treatments must be filled and given within 24 hours unless otherwise specified.	If orders are given as the result of a self-initiated or family initiated physician, PAA or CPN visit, orders must be changed within 24 hours of learning about the visit.	<input type="checkbox"/> Met <input type="checkbox"/> Not Met	<input type="checkbox"/> Meds were not ordered within time limits.  <input type="checkbox"/> Pharmacy Error (not delivered)  <input type="checkbox"/> Other:	<input type="checkbox"/> Class I <input type="checkbox"/> Class II <input type="checkbox"/> Class III
3.4	Medications must be safely and accurately given.	<p>Medication has not expired.</p> <p>There are no contraindications, i.e., no allergy for the drug.</p> <p>Administered at the proper time, prescribed dosage, and correct route.</p>	<input type="checkbox"/> Met <input type="checkbox"/> Not Met	<input type="checkbox"/> Meds were not taken as prescribed.  <input type="checkbox"/> Incorrect dosage given.  <input type="checkbox"/> Wrong meds were given.  <input type="checkbox"/> Other:	<input type="checkbox"/> Class I <input type="checkbox"/> Class II <input type="checkbox"/> Class III
3.5	<p>For persons not independent in taking their own medication/treatments, a log must be maintained to denote:</p> <p>The name of medication or type of treatment given.</p> <p>The current physician's order (and purpose) for the medication and/or treatment.</p> <p>The name of the person giving the medication.</p> <p>Time given.</p> <p>Dosage given.</p>	<p>The medication log must be reviewed at a minimum, monthly. If the review indicates error, actions must be taken to alleviate future errors.</p> <p>Entries must be made at the time the medication/treatment was given.</p> <p>Medication includes over-the-counter medications.</p>	<input type="checkbox"/> Met <input type="checkbox"/> Not Met	<input type="checkbox"/> Blanks in med log.  <input type="checkbox"/> OTC meds (given) were not listed on medication log.  <input type="checkbox"/> Other:	<input type="checkbox"/> Class I <input type="checkbox"/> Class II <input type="checkbox"/> Class III
3.6	<p>People are encouraged to eat a nourishing, well balanced diet which:</p> <p>a) Includes personal food preferences</p> <p>b) Allows desirable substitutions</p>	<p>Diet must be based on accepted, recognized dietary guidelines such as the Food Pyramid and/ physician recommendation, DDSN Diet Manual, etc.</p>	<input type="checkbox"/> Met <input type="checkbox"/> Not Met	Remarks:	<input type="checkbox"/> Class I <input type="checkbox"/> Class II <input type="checkbox"/> Class III

Inspection completed by: \_\_\_\_\_